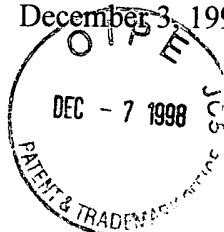


December 3, 1998

PATENT APPLICATION 08/616,371

DOCKET NO.: DUK96-03pA



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicant(s): Jonathan S. Stamler

Application No.: 08/616,371 Group Art Unit: 1654

Filed: March 15, 1996 Examiner: B. Celsa

For: METHODS FOR PRODUCING AND USING S-NITROSOHEMOGLOBINS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>12/3/98</u>	<u>Susan McKinnon</u>
Date	Signature
<u>SUSAN MCKINNON</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated June 5, 1998 of the Primary Examiner finally rejecting claims 15-27. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated June 5, 1998 for 3 months from September 5, 1998 to December 5, 1998.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

12/08/1998 AIRBRAH 00000043 08616371

435.00 OP
150.00 OP01 FC:217
02 FC:219

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for 3 months		\$ 435
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input type="checkbox"/>	Oral Hearing		\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 150
<input type="checkbox"/>	Other	_____	\$ _____
		TOTAL	\$ 585

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$585.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge Deposit Account No. 08-0380 for any additional amounts that may be due in this matter. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Carol A. Egner
Carol A. Egner
Registration No.: 38,886
Tel.: (781) 861-6240
Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: December 3, 1998